
Individual Internal Practical Assessment Form

iUSP144 – Instructing gym-based exercise

Name of learner: _____

Two Internal Assessments to be completed to include a minimum of three types of cardiovascular equipment covering four exercises from resistance machine lifts and four exercises from free weight lifts. One further Summative Internal Assessment is required and must be completed using the Summative Internal Assessment Form

This assessment sheet must be completed in full for each learner by the Internal Assessor

- **Conducting the assessment** – The evaluation should be based on the criteria detailed below. The assessor should base their evaluation entirely on the learner's performance during the assessment exercise; they should remain objective and should not coach or distract the learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an × criteria that have not been completed successfully.
- **Once all boxes have been ticked the assessor must place a ✓ in the pass box indicating that the task is complete.**

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Appearance – the learner demonstrated:					
Clean, neat and appropriate work wear with minimal jewellery					
Appropriate comfortable and clean footwear					
Hair clean, neat and tied back/up if long					
No body or breath odour					
No chewing gum or sucking sweets					
Client care – the learner:					
Greeted and introduced self to client					
Assisted client where appropriate					
Displayed positive body language					
Respected client's needs throughout					
Checked client's comfort throughout					
Professional conduct – the learner:					
Had a clean and neat appearance					
Demonstrated knowledge of health & safety regulations					

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Ensure equipment was wiped down with appropriate sanitiser before use					
Ensured equipment was wiped down with appropriate sanitiser after use					
Ensured ancillary equipment/free weights wiped and stacked away appropriately after use					
Core teaching rationale – the learner:					
Demonstrated a variety of correct teaching points					
Recognised safety aspects					
Identified and stated muscles used					
Made adaptations where appropriate					
Showed progression/regression where appropriate					
Induction – the learner:					
Consulted with client and completed a PARQ					
Correctly demonstrated how to use the cardiovascular machines					
Correctly demonstrated how to use the fixed resistance machines					
Showed the client the changing facilities, toilets and showers					

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Pulse checks – the learner:					
Correctly demonstrated how to take the pulse from the larger carotid artery on the side of the larynx and from the radial pulse on the wrist					
Assisted client in taking their pulse in both areas					
Demonstrated the use of a heart rate monitor					
Discussed with the client the uses of the heart rate monitor and assisted client in taking the readings					
Calculated the client's Resting Heart Rate, Training Heart Rate and Maximum Heart Rate correctly					
Cardiovascular machines – the learner:					
Checked the cardiovascular machine was in good working order and client not contra-indicated					
Correctly demonstrated how to use the specific cardiovascular equipment and gave reasons for preference					
Demonstrated a high level of safety throughout					
Machine weights – the learner:					
Selected the appropriate exercises for the client					
Correctly demonstrated how to use the appropriate static weights machines					

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Guided client through the appropriate static weights machines					
Demonstrated spotting techniques on all appropriate machines					
Demonstrated a high level of safety					
Free weights – the learner:					
Selected the correct weight for the client					
Selected the appropriate exercises for the client					
Guided the client through all the appropriate exercises					
Demonstrated spotting techniques for all appropriate exercises					
Ensured specific stretches were shown during and after use of free weights					
Demonstrated a high level of safety throughout					
Core stability – the learner:					
Ensured correct exercises were performed for the appropriate session					
Ensured movements were controlled and smooth					
Ensured variety and progression were demonstrated					

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Ensured exercises were explained simply and precisely, alternatives were given where necessary					
Ensured the client performed the exercises precisely and correctly					
Appropriate stretches – the learner:					
Explained and demonstrated the appropriate exercises					
Ensured the client performed each stretch correctly					
Ensured all major muscle groups were stretched					
Ensured timing and a high level of safety were demonstrated throughout					
Programme overall – the learner:					
Discussed with client prior to the session his/her preferences to type of exercise					
Completed consultation and discussed programme with client					
Discussed likes and dislikes of programme with client at the end of the session					
Altered the programme where necessary according to client's wishes and appropriateness of the programme					
Discussed with client the need for appropriate work wear					

Assessment task	Assessor's comments				
	Completed	Not Completed	Completed	Not Completed	
Discussed with client the importance of drinking water throughout					
Discussed with client the importance of health and safety within the gym					
Concluded the programme correctly					
Total Marks					

1st Assessment Lecturer/Assessor name: _____

1st Assessment Lecturer/Assessor signature: _____ **Date:** _____

2nd Assessment Lecturer/Assessor name: _____

2nd Assessment Lecturer/Assessor signature: _____ **Date:** _____

Overall grade: Pass ☐

Quality Assurer Name: _____

Quality Assurer Signature: _____ **Date:** _____

External Examiner Name: _____

External Examiner Signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	26/09/2019	First published	Qualifications Administrator